



**INSPECTOR'S MULTI-MEDIA CHECKLIST**

Facility Name: Sun Chemical

Facility Address: 185 Foundry Street  
Newark, NJ 07105

Facility ID No.: NJD002458842

Inspector's Name: Jim Sullivan

Inspector's Phone: (212) 264-6150 Division/Branch: 2AUM-HWK

Date of Inspection: 11/10/92

## **SUMMARY OF INSPECTION FINDINGS**

On November 10, 1992 a Compliance Evaluation Inspection ("CEI") was conducted at the Sun Chemical Corporation located in Newark, New Jersey.

### **DESCRIPTION OF FACILITY OPERATIONS:**

The Sun Chemical Corporation ("Sun") is engaged in the manufacturing of quinacridone, which is a red/magenta/violet colored synthetic pigment. The pigment is used primarily in printing inks and car paints.

Quinacridone is formed by mixing polyphosphoric acid and dianilino-tetra-phthalic acid (DATA) in the presence of methanol. The mother liquor from this reaction is then sent to one of seven on-site filter presses, where the quinacridone is dropped out in solid form.

The associated liquids are then sent to a distillation column, where methanol is recovered and sent back into the process. The column bottoms are sent to a series of three tanks for pH adjustment and then discharged to the POTW (Passiac Valley Sewerage Commissioners).

## UNDERGROUND STORAGE TANKS (UST)

**Ask:**

1. Does the facility have regulated USTs? \_\_\_YES ☒NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

**If YES, ask:**

2. Are the USTs registered with the State? \_\_\_YES \_\_\_NO\*
3. What kind of petroleum product or hazardous substance does UST contain? \_\_\_\_\_
4. Is there any evidence of UST leakage/spillage? \_\_\_YES\* \_\_\_NO
5. When was the UST installed? \_\_\_\_\_
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? \_\_\_YES \_\_\_NO\*
8. Are required records available on-site (e.g., documenting registration and leak detection)? \_\_\_YES \_\_\_NO\*

REFER to program office if you check an answer marked with \*.

# AIR

## Stationary Source Compliance

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? YES\* X NO

["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").

B. What is the cause of the smoke emission? E.g.--

i. Is any air pollution control equipment out of service or turned off while production is ongoing? YES NO

ii. If YES: When will it be back on line? \_\_\_\_\_

iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? YES NO

C. Note color of smoke: \_\_\_\_\_

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? YES X NO

B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? YES NO\*

4. A. Does the facility have any coating or printing operations? YES X NO

B. If YES:

ii. Are the coatings or inks used: water-based or solvent-based?

i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? YES NO\*

iii. What are the principal solvents or chemical compounds used in process lines? \_\_\_\_\_  
(Ask for copies of MSDS, if available.)

REFER to program office if you check an answer marked with \*.

AIR, Continued

5. Observe: Are there strong solvent odors at the facility? YES\* ☒ NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? YES\* ☒ NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? YES\* ☒ NO
- B. If YES:
- i. From which process lines? \_\_\_\_\_
- ii. Does the facility check for leaks on such process equipment? YES NO\*
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? YES ☒ NO
- If YES:
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? \_\_\_\_\_
- C. If the amount exceeded 260 linear feet, or 160 square feet, \*REFER\* to Air program office; and Ask: was EPA notified of removal? YES NO\*

\* \* \* \* \*

RADIATION

Ask:

1. Are any radioactive materials used or stored at this facility? YES ☒ NO
2. If YES, does the facility have a state or federal radiation license? YES NO\*

REFER to program office if you check an answer marked with \*.



**WATER****NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)**

1. Observe/Ask: Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ☒ YES ☐ NO
  2. If yes: Does the facility discharge wastewater into a--
    - receiving stream? ☐ YES ☐ NO
    - municipal sewer (sanitary or storm) system? ☒ YES ☐ NO
    - *PASSIAC VALLEY Sewerage Commissioners*  
subsurface disposal system (septic system, drywell or cesspool)? ☐ YES ☐ NO
- As applicable, ascertain the name of the stream or sewer system.
3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ☒ YES ☐ NO\*
  4. Does the facility treat wastewater prior to discharge? ☒ YES ☐ NO
  5. Observe: *effluent not visible*
    - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ☐ YES ☐ NO\*
    - b. Is equipment clean and well maintained? ☐ YES ☐ NO\*
    - c. Are there any unusual odors? ☐ YES\* ☐ NO
  6. Ask: Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ☒ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.

NPDES and UIC, Continued

## 7. Observe/Ask:

a. How are waste fluids disposed of?

b. Does the facility have floor or storm drains? ☒ YES ☐ NO

If YES:

Is there fluid in the drains? Is there evidence (staining, etc.) of fluid entering drains? Are storm drains situated so that they could receive spills from truck loading accidents, etc?

c. Does the facility operator indicate, or is there any evidence that any wastewater, or wastes/spills go into drains?  
☐ YES\* ☐ NO

PUBLIC WATER SUPPLY

1. Observe/Ask: Does the facility have its own water supply (i.e., a well)? ☐ YES ☒ NO
2. If YES: Does the facility provide potable water for 25 or more persons? ☐ YES ☐ NO
3. If YES: Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? ☐ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.



**EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)****EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW****ASK:**

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? ☐ YES ☒ NO  

[Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]

B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ☐ YES ☐ NO\*
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ☐ YES\* ☒ NO  

[Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]

B. If YES: Was notification of the release provided? ☐ YES ☐ NO\*

C. If YES:

  - i. To whom was the notification given?
  - ii. Was notification oral or written?
  - iii. If oral, was a written, follow-up report submitted? ☐ YES ☐ NO\*

[If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, \*REFER\*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? ☒ YES ☐ NO\*
- B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? ☒ YES ☐ NO\*

*Methanol, Polyphosphoric Acid*

**REFER to program office if you check an answer marked with \*.**

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)**Ask:**

1. Does the facility have 10 or more full-time employees? ☒ YES ☐ NO
2. Is the facility classified under SIC codes 20 through 39? *2865* ☒ YES ☐ NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☒ YES ☐ NO

4. If YES:

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☒ YES ☐ NO\*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with \*.

# **TOXIC SUBSTANCES CONTROL ACT (TSCA)**

**Ask:**

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? \_\_\_YES\* ☒NO
- B. IF YES:
  - i. How many oil filled electrical transformers does the facility have?
  - ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? \_\_\_YES ☒NO
- B. If YES:
  - i. Have PCBs ever been used in these systems? \_\_\_YES\* \_\_\_NO
  - ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? \_\_\_YES ☒NO
- B. If YES:
  - i. Have PCBs ever been used in these systems? \_\_\_YES\* \_\_\_NO
  - ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
  - Are any leaking? \_\_\_YES\* \_\_\_NO
  - Do all have a PCB label? \_\_\_YES \_\_\_NO\*
5. A. ASK: Does the facility have a PCB storage for disposal area? \_\_\_YES\* \_\_\_NO
- B. If YES, OBSERVE the PCB storage area. Does it have --
  - PCBs stored for disposal in it? \_\_\_YES\* \_\_\_NO
  - a roof and walls to keep out rain? \_\_\_YES \_\_\_NO\*
  - a 6" high impervious containment berm? \_\_\_YES \_\_\_NO\*
  - a PCB label? \_\_\_YES \_\_\_NO\*
  - Is it in the 100-year flood plain? \_\_\_YES\* \_\_\_NO
  - Do all items show the date "removed from service for disposal"? \_\_\_YES \_\_\_NO\*

REFER to program office if you check an answer marked with \*.



**WETLANDS****1. Observe:**

- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? ☐ YES ☒ NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

- B. Are there any waterbodies or waterways on or adjacent to the site? ☐ YES ☒ NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? ☐ YES ☒ NO

**3. If YES:**

- A. When was the work undertaken? \_\_\_\_\_

- B. Does the facility have any permits for this work? ☐ YES ☐ NO\*

**4. If YES:**

- A. What agency(s) issued such permits? \_\_\_\_\_  
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? \_\_\_\_\_

If facility is unable to provide adequate information in response to # 4., \*REFER\* to program office.

REFER to program office if you check an answer marked with \*.